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ABSTRACT

The differences between what health professionals and the elderly perceive concerning the need for home health care were studied. Elderly persons were interviewed to ascertain their perceived needs while health professionals responded to a questionnaire. Preliminary analysis of the resulting data revealed that the most frequently perceived problems by the elderly were chronic health problems, lack of home assistance while ill, access to medical care, transportation, cost of health care, and lack of companionship. In contrast, health professionals identified physical disabilities, chronic health problems, cost of health care, food preparation ability, and transportation to receive health care as the primary needs of the elderly. It is suggested that on-going community health programs for the elderly be more sensitive to what these citizens actually need rather than what health professionals think they need. (JD)

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THE PERCEIVED NEED FOR HOME HEALTH CARE OF THE ELDERLY AS STATED BY BOTH THE ELDERLY AND HEALTH PROFESSIONALS

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ABSTRACT

This study sought to determine the need for home health care of the elderly residents of Knox County, Tennessee. Specifically this need was evaluated in terms of the differences between what health professionals and the elderly perceive concerning the need for home health care by the elderly.

A sample of 269 elderly persons, age 65 or older and residing in their own homes, was randomly selected by the use of a proportional sampling design. Each individual was interviewed by the researcher to determine the needs related to home health care. A sample of 80 health professionals involved in providing health services to the elderly was selected by contracting all agencies providing health services to the elderly. Health professionals from each agency were asked to complete a mailed questionnaire to determine the needs of the elderly as the health professionals perceived them.

The study also determined what major limiting factors served as barriers to the elderly in seeking health care. Analysis of selected demographic and socioeconomic characteristics was made to ascertain whether differences in perception did indeed exist between the elderly and health professionals. Consensus was reached by both the elderly and health professionals concerning the first two barriers to seeking health care, i.e., cost and transportation.

The major findings of this study indicated that there was differences in the perception of need as stated by the elderly and by health professionals for various home health services for the elderly. Comparisons of the same responses via Chi-Square proved differences in perceived needs for home health care significant to the .10 level.

In essence, the need for home health care in the study area is not being met. Increased attention should be directed toward the health needs indicated by the elderly not those perceived for them by health professionals.

An increasing concern for improving the quality of health care for the elderly in a variety of settings was a significant outcome of the 1971 White House Conference on Aging. There are more than 22 million people over the age of 65 in this country, and the quality of health care available to them has been characterized as inadequate. These people are all too frequently ignored or provided with substandard services by existing health care delivery systems. While the concern expressed by the 1971 Conference has increased consumer and provider awareness of the needs of the elderly for greatly improved health care, it has not generated acceptable and workable alternatives to institutional care. Most communities are still providing care for the elderly only in hospitals, nursing homes, or retirement facilities. Although institutional care may be a necessity for some (e.g. the terminally ill) it is frequently inappropriate, inadequate, and unwanted by many of the ambulatory elderly. It may also be considerably more expensive compared with remaining in their own homes. For many elderly people, obtaining certain desirable health care services in their own homes would be an effective solution for many of their health concerns.

There are several reasons why older people have difficulty in maintaining their health or controlling illnesses: some of these are psychological, some reflect attitudes and practices of health professionals who provide limited services for them, and some are the result of inadequacies of the structure and functioning of the health care system itself. Therefore, with a growing elderly population utilizing various health services, to an increasing degree, health professionals have encountered a serious problem. How can they cope successfully with burgeoning numbers of dependent aged, who because of the lack of family care, will turn to social services in hospitals or nursing homes as their last resort?

Several recent studies have demonstrated the effectiveness of home health services. The home environment is continually viewed as significant in promoting health and facilitating the healing process. Some of the advantages of home health care include: (1) emotional security of familiar people and personal possessions, (2) less inconvenience for self and family, (3) freedom of institutional facilities for those individuals to whom they are essential, and (4) marked reduction of expense to patient (and/or his family) and society. Thus home health services offer an effective alternative to institutionalization for older persons who have health care needs and wish to remain in their own homes. In order for these services to be most effective, they must be based upon the needs perceived by the elderly rather than the needs perceived for them by health professionals.

The purpose of this study was to determine the need for home health care of the elderly residents of Knox County, Tennessee. Specifically this need was evaluated in terms of the differences between what health professionals and the elderly perceive concerning the need for home health care by the elderly. A proportionate random sample of 269 elderly persons, aged 65 and older and residing in their own homes, was selected. The sample size was determined by the use of the NEA Small Sample Technique and appears to be representative of the elderly population at large.

A sample of 80 health professionals involved in providing health services to the elderly was selected by contacting all agencies providing health services to the elderly. The entire population of health professionals providing health services to the elderly in Knox County was canvassed and utilized in this study (excluding a limited number of nonrespondents).

The data gathering instruments developed for this study consisted of two

parallel interview schedules. The schedules contained both open and forced choice questions related to (1) demographic and socioeconomic data, (2) the identification and description of selected health characteristics, (3) the determination of perceived need for home health care, and (4) the identification and description of major limiting factors which serve as barriers to the utilization of home health services.

All interviews of the elderly persons were conducted by the researcher to diminish the influence of potential interviewer error. Self-administered questionnaires were mailed to the health professionals with an accompanying cover letter explaining the purpose of the study. Completed interviews and questionnaires were obtained from 269 elderly persons and 80 health professionals.

Preliminary analysis of the data revealed that the greater percentage of the elderly were female (65.1%), aged 65-80 years old (85.5%), with incomes of $4999 or less (69.5%), and living alone (40.5%). The most frequently perceived problems by the elderly were identified as chronic health problems (e.g. arthritis, back problems, etc.), lack of home assistance while ill, access to medical care, transportation to receive health care, cost of health services, and lack of companionship.

In contrast, the health professionals identified physical disabilities (e.g. poor ambulatory abilities), chronic health problems, cost of health care, food preparation ability, and transportation to receive health care as the needs of the elderly. Thus, a comparison of responses of the two groups revealed sufficient differences to assume that the services provided by health professionals were not necessarily the same as those identified as "needed" by the elderly. Responses from both groups related to physical activities, home assistance, food preparation ability, number of days sick, health

conditions, site of medical care, payment mechanisms for medical care, transportation, and lack of companionship differed significantly at the .10 level. Individually considered, each of the comparisons between respondent groups and the significant Chi-Square values might be irrelevant. However, the impact of such comparisons, all singularly significant, suggests that the health professionals involved in the provision of care for the elderly segment of the population in Knox County, Tennessee probably do not know or understand the needs of the group with which they are dealing.

There are several reasons why older people do not receive health care or related services. Traditionally the elderly are described as low income, physically dependent people who have few options for health care and few means of reaching those available. Their most common sources of payment for any health care services (e.g. Medicare and Medicaid) have only limited coverage for health services provided any place but hospitals. Thus, out-of-pocket expenses for medical/health services remain a major expense for the elderly.

The cost of health care was described by both samples as a critical barrier to adequate health care. The inability to purchase adequate health care services, the cost of transportation, and the cost of equipment and supplies were all important problems facing the elderly. It was not surprising to note that when the elderly individuals responded to the open-ended items in the instrument, they frequently indicated that "money would solve a lot of their health problems" (e.g. needs). It is known that the recognized cost of health care really understates the real cost of illness borne by the ill elderly person and by the family on whom they depend for informal care and support.

Both the elderly respondents and the health professionals agreed that there were several barriers inhibiting the elderly from seeking health services. For instance, the elderly indicated that lack of companionship was an important barrier to receiving health care. The health professionals indicated that physical problems (e.g. arthritis, hardening of the arteries, etc.) represented an equally important barrier to receiving health care. No differences in perceptions were found related to cost and transportation as barriers to receiving health care.

On the basis of the data gathered from this study it appears that a large proportion of the elderly who are widowed, live alone, and lack assistance in their home are candidates for home health care. Health professionals involved in providing health care for the elderly must utilize their knowledge of the elderly and their perceived needs to better advantage in order to match needs with services. It is imperative that any health service program for the elderly be tailored to fit the needs of the elderly, whether these needs are felt or unfelt rather than to fit the needs perceived for the elderly by health professionals. In the study area, the home health needs as perceived by the elderly are not being met by existing services.

Some recommendations forthcoming from this study are that the present health care delivery system should be expanded to include preventive health care, long-term health care, and home health care. Adequate means of alternatives to institutionalization should be developed. In addition, home health services should be required in health programs for the elderly. More attention must be given to consumer (i.e. the elderly) as well as provider participation in the planning of health services for the elderly. Opportunities for access to home health care programs should be offered to the elderly. The mere availability of such programs is not enough. Education concerning the

availability of such programs as well as the manner in which they operate is also necessary. In addition changes should be made in the present Medicare and Medicaid provisions to allow more complete coverage of health care in a wider variety of organizational settings.

In summary, the need for home health care by the elderly in Knox County, Tennessee was determined by assessing perceived needs related to health care. It was apparent that the differences in perception of need by those who provide and those who receive such services represents an obstacle in and of itself. Evaluation of on-going programs of health care services in the area is necessary to identify more precisely gaps in the present system. Thus health problems of old age are of two kinds: (1) those older people actually do have, and (2) those the so-called experts, the health professionals, think they have.

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